

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	810	75316	10/16/00
O.P.E. CLASSIFIER		47	10/20/00
FORMALTY REVIEW			
RESPONSE FORMALTY REVIEW	CK	04/24	

INDEX OF CLAIMS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) ... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
1	1/15/01
2	1/15/01
3	1/15/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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